

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/888063	FILING DATE
APPLICANT(S)	

9-2-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
7						
8						
9		1				
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23			1			
24			1			
25			1			
26			1			
27			1			
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39						
40						
41						
42						
43			1			
44			1			
45						
46						
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	3	1	4	1		
TOTAL DEP.	796	-	24	-		
TOTAL CLAIMS	71		28			

9/2/05	*	*				
51		1				
52		1				
53		1				
54						
55	1					
56		1				
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97						
98						
99						
100						
TOTAL IND.	5	1	1	1		
TOTAL DEP.	4	1	1	1		
TOTAL CLAIMS	9					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS